o. 2 4-41	DEPARTMENT OF COMMERCE MISSOURI STATE E BUREAU OF THE CENSUS STANDARD CERTIF	BOARD OF HEALTH FICATE OF DEATH State File No. 26115
7-39 X26390	Registration District No. Primary Registration Dist	10/
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	1. PLACE OF DEATH: (a) County	2. USUAL RESIDENCE OF DECEASED: (a) State MO. (b) County St. Louis 9(County of the county of the lights (If ontside city or town limits, write "RURAL") (d) Street No. 7722 W. Ranken Street (If runs, give location) (e) Citizen of foreign country?
	(Licensed Embetmer's St	atement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the re	everse side of this certificate was embalmed by me, or by
	, Registered Apprentice No
working under my personal supervision.	Signed John M Talijon

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.